

Brooklyn Police Department

Witness / Victim Statement Form

Incident No. _____

Date / /

Incident Type _____ Location: _____

Location: _____

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone No. _____

City / State / Zip: _____

SSN: _____

[illegible]

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Note: Please sign and date statement upon completion.

JT40-02 2012